

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 135Registered No. 8

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Globe or Village 2nd  
City No. 604 St. 2nd Ward 2nd  
(If birth occurred in a hospital or institution, give its NAME instead of street and number).  
(If child is not yet named, make supplemental report, as directed.)

## 2. Full name of child

Letty Orr

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

female

## 4. Twin, triplet or other

5. No., in order of birth

## 6. Legitimate?

yes

## 7. Date

of birth

January 10 1929  
Month Day Year

## 8.

## FATHER

Full name

David Herbert Orr

## 14.

## MOTHER

Full maiden name

Laura Letitia Smith

## 9. Residence

(Usual place of abode)

Globe, Arizona  
If non-resident, give place and state.

## 15. Residence

(Usual place of abode)

Globe, Arizona  
If non-resident, give place and state.

## 10. Color or race

White11. Age at last birthday 39 (Years)

## 16. Color or race

White17. Age at last birthday 38 (Years)

## 12. Birthplace (city or place)

(State or country)

Ireland

## 18. Birthplace (city or place)

(State or country)

Philadelphia  
Pennsylvania

## 13. Occupation

Nature of industry

Mining Engineer

## 19. Occupation

Nature of industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child).

3(a) Born alive and now living 3(b) Born alive but now dead 0(c) Stillborn 0

## 21. Were precautions taken against ophthalmia neonatorum.

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 2:30 P. m. on the date above stated.  
(Born alive or stillborn)

Signature

J. J. TrumbleM.D.

(Physician or midwife).

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Jan 15, 1929E. E. Jones

Registrar.

Registrar.

order of birth stated.